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ABSTRACT

The Perceptions of Developmental Skills (PODS) Profile is a rating scale designed to keep standardize and profile subjective perceptions of adults who have frequent contact with handicapped preschool children. It is intended to complement, rather than to replace, standardized developmental assessment procedures, by integrating a diagnostic sequence of screening, identification, assessment, and individual programing. PODS is used to rate functional skills in four developmental areas: (1) communication; (2) social-emotional adjustment; (3) physical development; and (4) cognitive development. Included in this document are a PODS profile sheet and PODS rating scales for each subdomain of the four major developmental skills. Scores are derived for communication, own-care, physio-motor, and problem solving skills, as well as a developmental summary. Criteria for assigning ratings from 0 to 7 are provided. (MH)

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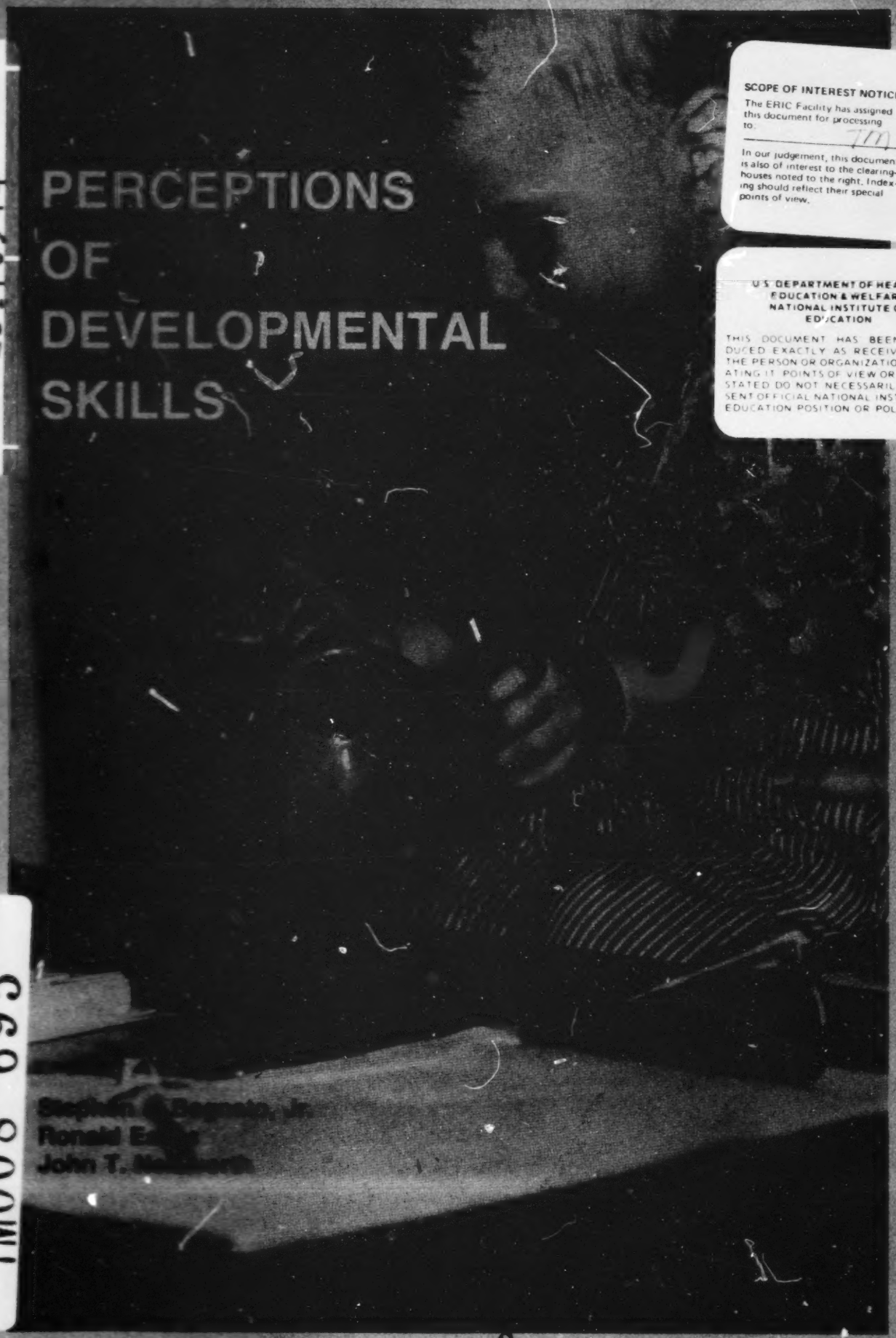
PERCEPTIONS OF DEVELOPMENTAL SKILLS



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PERCEPTIONS OF DEVELOPMENTAL SKILLS (PODS):
A MULTI-SOURCE RATING PROFILE OF FUNCTIONAL CAPABILITIES FOR THE PRESCHOOL CHILD

RESEARCH EDITION

DEVELOPED BY: STEPHEN BAGNATO
RONALD EAVES
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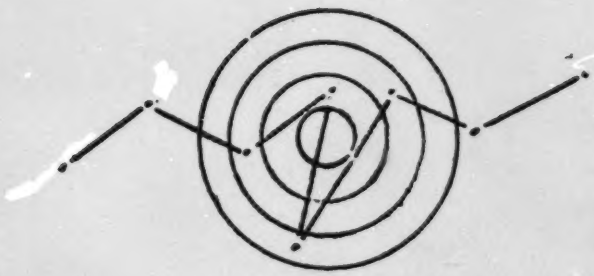
A DESCRIPTIVE MANUAL



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A Profile of Perceived Capabilities for the Preschool Child

Few efforts have focused on evaluating adult perceptions of child capabilities. The emerging expectancy literature stresses the real effects that subjective impressions can have on child progress. Such variables as physical attractiveness (Adams and LaVoie, 1974; Clifford and Walster, 1973; LaVoie and Adams, 1974; Ross and Salvia, 1975), race (Eaves, 1975; Rubovits and Maehr, 1970), socioeconomic status (Miller, McLaughlin, Haddon, and Chansky, 1968; Neer, Foster, Jones, and Reynolds, 1973), and sex (Jackson and Lahaderne, 1967; Meyer and Thompson, 1956) have been shown to influence teachers' impressions of student performance capabilities. These impressions may lead to significant differences in how teachers and aides work with children.

The work of Iscoe and Payne (1973) is exemplary in providing a method of identifying and recording value judgments about children.

> Without doubt, much value judgement is involved in classifying exceptional children, and actually there seems no way to avoid such judgments. In fact, it may very well be that value judgments are an extremely important aspect of dealing with exceptional children (p. 10).

However, because of its focus, the Iscoe and Payne system is not readily applicable to preschool populations. The growing interdisciplinary involvement of school psychologists and educators with preschool populations demands the availability of an instrument designed to detect and summarize the subjective impact made on adults by children.

The Perceptions of Developmental Skills Profile (PODS): Goals and Descriptions

The PODS (Bagnato, Eaves, Neisworth, 1977) is a screening instrument for standardizing and profiling the diverse perceptions of significant adults who

interact with the handicapped preschooler. It was constructed for use in HICOMP, a comprehensive outreach model program for handicapped preschoolers. The PODS was designed to fulfill five major functions:

1. To screen and assess globally the handicapped preschooler's range of functional capabilities upon entry into a program;
2. To estimate roughly the curriculum entry points for each child;
3. To serve as a general monitor of a child's perceived progress through an established curriculum by focusing on acquisition of functional skills;
4. To facilitate communication between teachers, parents, doctors, school psychologists and others and to standardized diverse perceptions about the child;
5. To provide an estimate of the realism with which an individual rater judges a child's status by comparing subjective measures on the PODS with performance estimates obtained elsewhere so that discrepancies may be reconciled through parent counseling, teaching, agency training and consultation.

The format for the PODS is a rating scale of functional skills within four major developmental areas: Communication, Social/Emotional Adjustment, Physical, and Cognitive development. Each developmental area is analyzed into subordinate functions outlined in Figure 1.

Each teacher or aide profiles his/her perceptions of the child's level of functional skills on a scale of 1-7. A rating of 1 denotes the absence of any perceived deficit in a functional skill, while a rating of 7 indicates the awareness by the adult of a profound problem (Fig. 2). Raters judge children in terms of their knowledge of normal child development, whatever it may be.

Child ROBERT F. Age 46 MO. Sex M Data 76 - 1 - 22

Rater L. TURNER Speciality/Occupation PUBLIC HEALTH NURSE

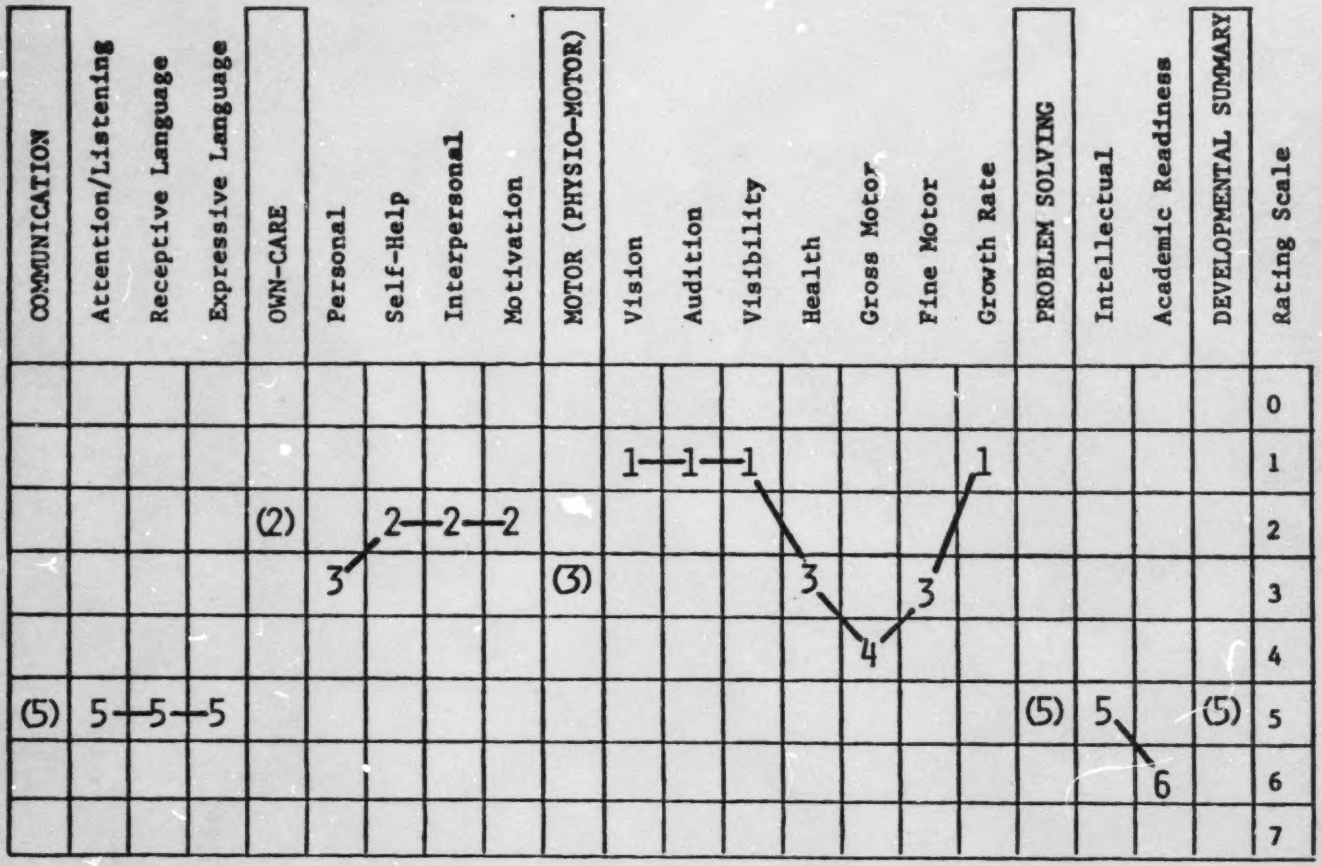


Figure 1. An example of The PODS Profile

Figure 2. PODS Subdomain Scale and Behavior Targets

AREA	CAPABILITY TARGETS
OWN-CARE	personal and interpersonal capabilities with reference to such aspects of behavior as self-statements, appropriateness of behavior, self-help skills, social skills, motivation, and goal-setting.
Self-help Skills Subdomain.....	age-appropriate self-help skills in such areas as feeding, drinking, toileting, dressing, washing, etc.

RATING	DEGREE OF CAPABILITY OBSERVED
0	Little or no opportunity to observe.
1	No problem in this area. Independent, self-directed and age-appropriate activity is exhibited in all self-help areas: feeding, toileting, grooming, etc.
2	Slight problem in this area, with generally appropriate self-help skills but some extra supervision and guidance are necessary.
3	Occasional difficulties, with some independent self-help skills, but supervision and guidance are often required beyond expectations for age.
4	Signs of considerable difficulty in demonstrating independent skills relative to age peers.
5	Moderate but clear problem in which demonstration of age-appropriate independent skills is rare.
6	The lack of age-appropriate self-help skills is severe and constantly in evidence.
7	Practically no age-appropriate self-help skills have been acquired.

Unique to this scale are operational definitions of the child developmental dimensions which are rated (See Fig. 2). Because of these operational definitions, gross differences in ratings can be attributed to real differences in judgements rather than to the definitional ambiguity of the characteristics under assessment.

The PODS is not meant to replace performance measures of developmental status, but rather to serve as a supplement to them. It provides a measure of the subjective reactions to a child's capabilities which may or may not correspond to more objective measures. The evidence presented in Figure 3 suggests that the rater's judgments are often in close agreement with the results of standardized developmental evaluations. Thus, differences in correspondence between subjective and objective performance estimates can be detected with this approach.

The PODS Within the Screening, Assessment, Programming Sequence

Devising procedures which are capable of providing a comprehensive, functional assessment of the capabilities of handicapped preschool children requires a more pragmatic, clinical perspective on diagnosis than is commonly proposed. The screening, identification, assessment and programming for handicapped preschoolers is a complex process which necessarily involves the compilation of diagnostic information from diverse sources and the synthesis of such data into a format which facilitates individual instructional programming. To assess functional skills comprehensively it is necessary to analyze and integrate subjective, observational and performance estimates of developmental capabilities. Also, to be effective and purposeful, the diagnostic process must be viewed as consisting of "interlinking" phases, each with distinct purposes, but each merging with the purposes of the next (screening ——→ identification ——→ comprehensive assessment ——→ individual programming). The PODS is intended to

Name ROBERT F.

Assessment Purpose DEVELOPMENTAL ASSESSMENT

DOT 76 - 2 - 11

DOB 72 - 4 - 1

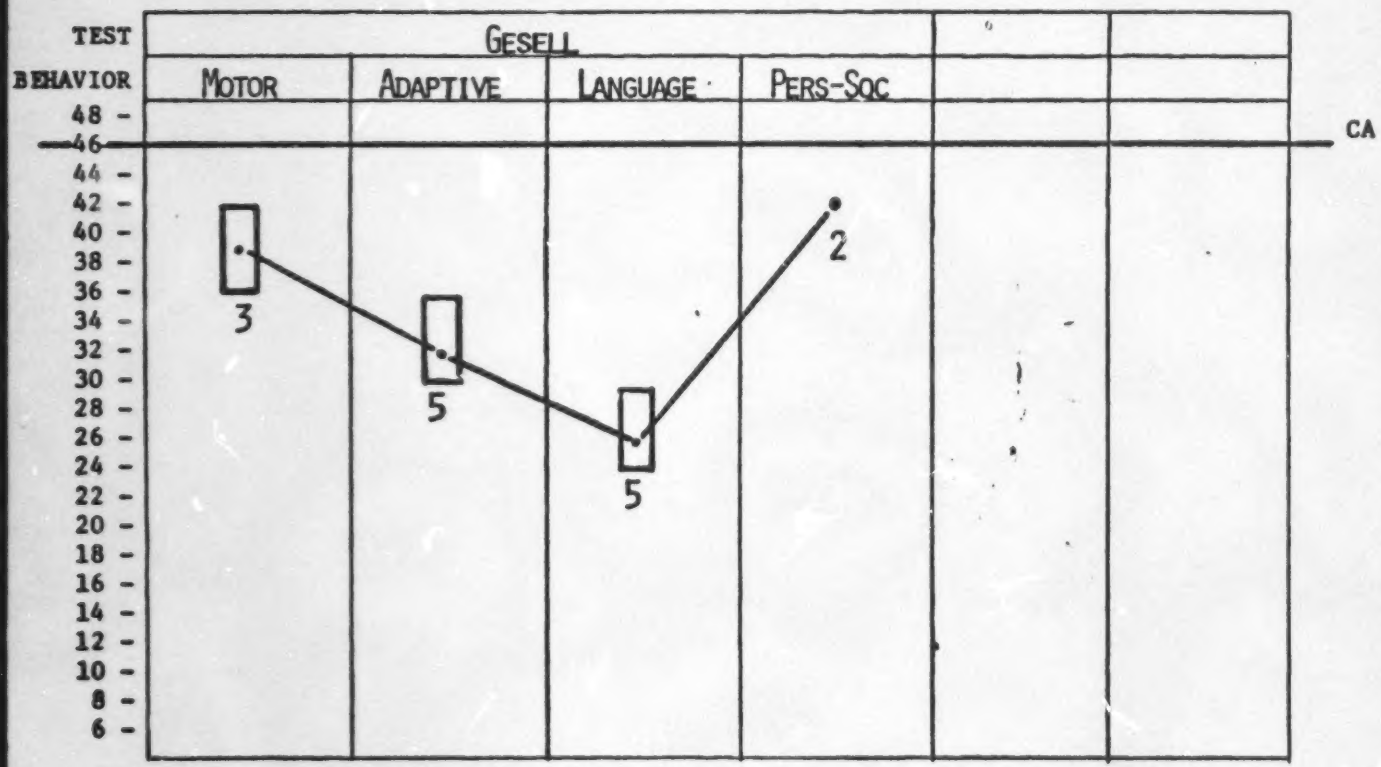
CA 3 - 10 - 10 (46 MO.)

HICOMP DEVELOPMENTAL ASSESSMENT PROFILE

I. Quantitative Assessment Analysis

The following tests were utilized in determining ROBERT'S placement and progress within the HICOMP preschool program. In this regard, Quantitative indices representing age-equivalent performances are indicated in a capability profile which provides a comprehensive estimate of ROBERT'S pattern of skill development:

Test	Index
GESELL DEVELOPMENTAL SCHEDULES	MOTOR = 36 - 42 MO.
	ADAPTIVE = 30 - 36 MO.
	LANGUAGE = 24 - 30 MO.
	PERS. - SOC. = 42 MO.
FUNCTIONAL CAPABILITY PROFILE	COMMUNICATION 5 OWN-CARE 2
	MOTOR 3 PROB. - SOL. 5



Behavior Legend:

GM - gross motor
FM - fine motor
RL - receptive language
EL - expressive language
SOC - social adjustment
COG - cognitive/intellectual

Figure 3. Comparison between the results of the Gesell Developmental Schedules and the Functional Capabilities Profile.

aid in integrating this diagnostic sequence. It is primarily a screening device for organizing the judgments and subjective impressions of significant adults about a child's range of functional skills. With the multi-handicapped preschooler, such perceptions, if well-defined, can be invaluable as guides to more comprehensive assessment and instructional programming.

An Illustration. The initial intake screening on a handicapped preschooler often includes a developmental history derived from the mother, medical reports of significant problems, and a global estimate of skill acquisition based upon performances on "landmark" developmental tasks. The PODS is viewed as serving a vital purpose during this screening process. First, the subjective estimates of the doctor, mother, home health nurse, and the diagnostic specialist can be compared in order to detect the degree of agreement concerning the child's level of disability in major functional areas. If gross judgemental differences exist, conferences could be initiated to determine whether such discrepencies represent situational-behavioral differences, unrealistic perceptions, or merely lack of knowledge of the child and normal developmental patterns in children. Then, ongoing psycho-educational counseling can be initiated for the parent if unrealistic judgments and lack of knowledge appear to complicate the view of the child's progress and skill acquisition.

The PODS is also viewed as providing a method for guiding and supplementing developmental performance assessments. For example, as Figure 1 denotes, the child was judged by a home health nurse to have significant, major functional deficits in all primary language areas, in cognitive and preacademic areas, and in gross motor capabilities. On the basis of this screening through behavioral ratings, standardized developmental assessment can be guided to focus upon specific skill areas which are perceived as problems (Figure 3).

The PODS is intended to draw attention to deficit areas and to reflect upon whether performance measures of developmental status represent the typical in-situ behavior of the handicapped preschooler.

Preliminary Research on the PODS

Recent research (Bagnato, et al., 1978) evaluated both the utility of the PODS as a global monitor of perceived child progress and the reliability of the rating scale within a preschool program.

Table 1 portrays pre-post gain-score rating results for 10 handicapped preschoolers over a 6 month time period. On the average, teachers and educational support personnel perceived the children as gaining 1.13 units on the profile. The average overall pretest rating for all children was 3.61 within a range of 6.3 to 1.8. The average overall post-test rating was 2.7 within a range of 5.9 to 1.2 On a scale of 1 to 7, a rating of 3.5 to 4 indicates impairment or functional skill deficits of a distinct, moderate nature. The progress trends support the use of the PODS as a method of utilizing standardized, subjective judgments to monitor child progress. However, such information must be used as support data in a wide-range assessment format consisting of subjective, observational, and performance evidence of child progress.

In addition, inter-rater reliability data on the PODS was collected using the comparative, subjective ratings of 8 different preschool teachers and 3 psychologists. Independent, comparative ratings were made on 13 handicapped preschoolers over a 2 week time span within the preschool setting. Table 2 presents results demonstrating that for the 13 children the average overall rating for teachers was 3.98 while that for psychologists was 3.42. Also, comparative ratings were analyzed for each of five major developmental areas (Table 3). The average teacher rating was 3.21, while that of the psychologists

TABLE 1

PODS Functional Skill Progress Trends*

	Communication		Own-care		Motor		Problem-Solving		General Development		Grand Gain
Child	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	
A	4	3.3	3.3	2	3.5	2	5	3.5	5	4	1.2
B	2	1.3	2.3	1.3	3.4	3	2.5	1.5	4	2	1.0
C	5	4	4.5	3	4.5	3.5	6.5	6	6	5	1.0
D	5	4	2.5	1.5	1.5	1.5	5.5	4.5	4	3	1.5
E	2	2	1.5	1	1.5	1.5	2	2	2	2	.5
F	7	6	7	7	4	4	6.5	6.5	7	6	.4
G	3	1	3.5	1.5	3	2	3	1	3	2	1.8
H	4	2	3	1.5	4	1	3.5	2	4	2	2
I	3	1.5	2.5	1	1.5	1.5	3	1	3	1	1.4
J	3	3	3.5	3	2	2	3	3	3	3	.5
	Language 1.0 Units		Self-help 1.1 Units		Motor .7 Units		Cognitive 1.0 Units		Development 1.1 Units		Overall 1.13 Units

* Decreasing numbers indicate "perceived" skill acquisition

TABLE 2

Mean Teacher-Psychologist Ratings/Child

	A	B	C	D	E	F	G	H	I	J	K	L	M	Mean Overall
T	4.6	5.2	6.7	1.1	3.7	5.6	2.3	1.5	1.3	1.5	2.4	2.3	3.6	3.98
P	4.3	5.1	6.1	1.7	3.4	5.8	1.9	1.9	1.2	1.7	1.9	2.1	2.6	3.42

TABLE 3

Mean Teacher-Psychologist Ratings/Developmental Area

	Communication	Own-Care	Motor	Problem-Solving	General Development	Overall
T	2.77	3.27	3.00	3.08	3.92	3.21
P	2.88	3.12	2.69	3.19	3.38	3.05

was 3.05. In general the teacher-psychologist ratings are described by a correlation of r = .963. On the basis of these preliminary results, the PODS holds promise as a reliable method of standardizing and profiling the diverse subjective impressions of significant adults interacting with the handicapped preschool child.

Conclusion

In light of the direct effects which perceptions and biases have on interactions with children, it is vital that we devise methods of analyzing and reporting subjective impressions of child status. The PODS can aid in this effort by standardizing and profiling the diverse perceptions of significant people who interact with the multi-handicapepd preschooler. Furthermore, the PODS can serve as a valuable supportive adjunct to standardized, developmental assessment.

> Systems of classification do not solve problems. On the other hand, a classification system frequently makes a problem clearer so that one can see the essential elements of a complicated situation and thus take steps towards its partial or complete solution (Cruickshank, 1969; p. 211).

Instructions for Using the Scale and Profile

Ratings on the PODS may be made by anyone who has had close contact with the child and has observed the child's performance in various situations. Ideally, several ratings should be made by parents, teachers, school psychologists, physicians, and other clinicians so that comparisons between judgments can be observed and differences in perceptions delineated.

Figure 1 provides an example of a finished profile on a particular child. Note the major behavioral areas under consideration: Communication, Own-Care, Motor, and Problem-Solving. Each of these areas is then subdivided into more

specific functions. These specific functions and their respective behavioral definitions (targets) provide a basis for each person's ratings.

Figure 4 is a sample page from the scale. In order to make your ratings of a particular child's range of functional skills, follow these steps and refer to the numbered illustrations in Figure 2:

A. Carefully read the area under focus and expecially the definition and "capability target-behaviors" which constitute the subdomain.

B. Recall the "capability targets" in the definition. Look to the section marked Degree of Capability Observed and the Rating (0-7). Read each level of the scale carefully.

C. Select and circle the number corresponding to that level on the scale which best describes your perception of the child's capability in this area. A rating of 1 indicates normal capabilities or the absence of any impairment or deficiency. A rating of 7 represents extreme or profound impairment or skill deficit. Your rating should take into consideration the child's skills in comparison to those of the normal child of his age.

D. Place the number corresponding to the capability level you select within the circle to the left of each page. Record any additional comments at the bottom section of each page.

Figure 4. Sample Subdomain Scale

AREA	CAPABILITY TARGETS
COMMUNICATION DOMAIN	emphasizes comprehension and use of language as well as the acquisition of attending, listening, and imitative skills.
Attention/Listening Subdomain.....	skill acquisition in attending and listening to speech as well as to gestures through such behaviors as facial and head orientation, eye contact, and imitation.

A

D

4

RATING → B ← DEGREE OF CAPABILITY OBSERVED	
0	Little or no opportunity to observe.
1	No difficulty at all, observed or reported; attention to speech through orientation, eye contact and listening is normal.
2	Occasional signs of slight problem, which may be apparent to the trained worker but not to the layman.
3	Several indications of difficulty in attending/listening. Readily apparent to the specialist but not usually to the layman.
4	Moderate difficulties, occasionally noticeable to the layman. → C
5	Obvious but moderate difficulties, readily apparent to all.
6	Severe difficulties are readily apparent to all.
7	Profound difficulties in attention and orientation are clearly evident and striking to all who observe.

COMMENTS & OBSERVATIONS: Highly distractible – needs constant prompting and management, but responds well to praise and structure

D

E. After completing the entire scale, record your ratings on the profile sheet provided and connect the numbers by lines to form a profile or graph of the child's overall range of functional capabilities as shown in Figure 1.

As Figure 1 indicates, in addition to individual ratings for the subdomains, average group ratings can be calculated for each of the major behavioral areas; for example, communication (5). However, such averages should be used cautiously since they tend to obscure deficiencies which are evident within specific subdomains.

Finally, the PODS is not meant to replace performance measures of developmental status, but rather serve as a supplement to them. The evidence presented in Figure 3 suggests that the rater's judgments often are in close agreement with the results of standardized developmental assessments.

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PERCEPTIONS OF DEVELOPMENTAL SKILLS (PODS)

CONTENTS

PODS PROFILE SHEET

PODS RATING SCALE

PERCEPTIONS OF DEVELOPMENTAL SKILLS (PODS PROFILE)

Child _____ Age _____ Sex _____ Date _____

Rater _____ Specialty/Occupation _____

COMMUNICATION	Attention/Listening	Receptive Language	Expressive Language	OWN-CARE	Personal	Self-Help	Interpersonal	Motivation	MOTOR (PHYSIO-MOTOR)	Vision	Audition	Visibility	Health	Gross Motor	Fine Motor	Growth Rate	PROBLEM-SOLVING	Intellectual	Academic Readiness	DEVELOPMENTAL SUMMARY	Rating Scale
																					0
																					1
																					2
																					3
																					4
																					5
																					6
																					7

AREA	CAPABILITY TARGETS
COMMUNICATION DOMAIN	emphasizes comprehension and use of language as well as the acquisition of attending, listening, and imitative skills.
Attention/Listening Subdomain.....	skill acquisition in attending and listening to speech as well as to gestures through such behaviors as facial and head orientation, eye contact, and imitation.

RATING	DEGREE OF CAPABILITY OBSERVED
0	Little or no opportunity to observe.
1	No difficulty at all, observed or reported; attention to speech through orientation, eye contact and listening is normal.
2	Occasional signs of slight problem, which may be apparent to the trained worker but not to the layman.
3	Several indications of difficulty in attending/listening. Readily apparent to the specialist but not usually to the layman.
4	Moderate difficulties, occasionally noticeable to the layman.
5	Obvious but moderate difficulties, readily apparent to all.
6	Severe difficulties are readily apparent to all.
7	Profound difficulties in attention and orientation are clearly evident and striking to all who observe.

COMMENTS & OBSERVATIONS:

AREA	CAPABILITY TARGETS
COMMUNICATION DOMAIN	emphasizes comprehension and use of language as well as the acquisition of attending, listening, and imitative skills.
Receptive Language Subdomain.....	skill to receive and identify information as in tasks requiring pointing to specific pictures or objects or carry out directions.

RATING	DEGREE OF CAPABILITY OBSERVED
0	Little or no opportunity to observe.
1	No difficulty at all, observed or reported, in the normal reception of information and identification.
2	Occasional signs of a slight receptive language problem which may be apparent to the traines worker but not to the layman.
3	Several indications of difficulties in receptive language capabilities, readily apparent to the trained worker but not usually to the layman.
4	Moderate difficulty, occasionally noticeable to the layman.
5	Moderate but clear difficulty, readily apparent to all.
6	Severe receptive disability is evident.
7	Profound disability is evident in receptive language skills, and obvious to all who observe.

COMMENTS & OBSERVATIONS:

AREA	CAPABILITY TARGETS
COMMUNICATION DOMAIN	emphasizes comprehension and use of language as well as the acquisition of attending, listening, and imitative skills.
Expressive Language Subdomain.....	use of spontaneous speech and language in producing words and sentences to communicate feelings, wants, and thoughts.

RATING	DEGREE OF CAPABILITY OBSERVED
0	Little or no opportunity to observe.
1	No difficulty at all, observed or reported. Normal capability to communicate feelings wants, and thoughts verbally, through increasingly complex sentence forms.
2	Occasional signs of a slight expressive language problem which may be apparent to the trained worker but not to the layman.
3	Several indications of difficulty in verbal expression, readily apparent to the trained worker but not usually to the layman.
4	Moderate difficulty, occasionally noticeable to the layman.
5	Moderate but clear difficulty, readily apparent to all.
6	Severe disability is evident.
7	Profound disability in verbal expression is apparent and obvious to all who observe.

COMMENTS & OBSERVATIONS:

AREA	CAPABILITY TARGETS
OWN-CARE DOMAIN	personal and interpersonal capabilities with reference to such aspects of behavior as self-statements, appropriateness of behavior, self-help skills, social skills, motivation, and goal-setting.
Personal Adjustment Subdomain.....	developing sense of "self" with particular reference to whether overt behavior appears to be in accord with inferred abilities and to whether responses are appropriate to the situation.

RATING	DEGREE OF CAPABILITY OBSERVED
0	Little or no opportunity to observe.
1	No problem observed in this area. The child's self-concept appears consistently high but realistic.
2	Indication of a slight adjustment problem, which is transient and situation-specific and which is evident to a specialist only after observation.
3	Indication of some difficulties less transient but not necessarily of long duration.
4	Considerable difficulties are evident in time, yet not immediately evident to the nonspecialist.
5	Somewhat severe difficulty, immediately apparent to all and less likely to be transient. Several areas exist in which the self-concept is high or realistic but adjustment to situations is poor and in which reactions and responses are inappropriate.
6	Clearly severe problem, in which the child's self-concept is poor and unrealistic, and behavior inappropriate to the situation.
7	The problem is extreme and chronic. Behavior is very inappropriate to the situation and often bizarre, making personal adjustment severely impaired.

COMMENTS & OBSERVATIONS:

AREA	CAPABILITY TARGETS
OWN-CARE DOMAIN	personal and interpersonal capabilities with reference to such aspects of behavior as self-statements, appropriateness of behavior, self-help skills, social skills, motivation, and goal-setting.
Self-help Skills Subdomain.....	age-appropriate self-help skills in such areas as feeding, drinking, toileting, dressing, washing, etc.

RATING	DEGREE OF CAPABILITY OBSERVED
0	Little or no opportunity to observe.
1	No problem in this area. Independent, self-directed and age-appropriate activity is exhibited in all self-help areas: feeding, toileting, grooming, etc.
2	Slight problem in this area, with generally appropriate self-help skills but some extra supervision and guidance are necessary.
3	Occasional difficulties, with some independent self-help skills, but supervision and guidance are often required beyond expectations for age.
4	Signs of considerable difficulty in demonstrating independent skills relative to age peers.
5	Moderate but clear problem in which demonstration of age-appropriate independent skills is rare.
6	The lack of age-appropriate self-help skills is severe and constantly in evidence.
7	Practically no age-appropriate self-help skills have been acquired.

COMMENTS & OBSERVATIONS:

AREA	CAPABILITY TARGETS
OWN-CARE DOMAIN	personal and interpersonal capabilities with reference to such aspects of behavior as self-statements, appropriateness of behavior, self-help skills, social skills, motivation, and goal-setting.
Interpersonal Subdomain.....	interaction with adults and children in various contexts emphasizing peer acceptance, cooperative skills and adjustment to new and strange situations.

RATING	DEGREE OF CAPABILITY OBSERVED
0	Little or no opportunity to observe.
1	No problem exists in this area. The child interacts cooperatively with others and adjusts well to new interpersonal situations without evidence of fear or aggression.
2	A slight problem, transient in nature, causing only minor interpersonal difficulties.
3	Occasional yet slight difficulties in adjusting to group situations and usually apparent only to specialists. The child is accepted by the majority of his peers.
4	Evidence of greater interpersonal adjustment difficulties may be noticeable to the layman after observation. The problem is still transient, although general interpersonal adjustment is strained.
5	Evidence of moderate difficulty in interacting cooperatively with others and adjusting to such situations. Peer acceptance is poor.
6	The difficulties are clearly severe, with poorly developed social skills and great difficulties in adjusting to unfamiliar people and situations.
7	Profound problems are apparent, with maladaptive and inappropriate social behavior exhibited which apparently respects a long-standing problem.

COMMENTS & OBSERVATIONS:

AREA	CAPABILITY TARGETS
OWN-CARE DOMAIN	personal and interpersonal capabilities with reference to such aspects of behavior as self-statements, appropriateness of behavior, self-help skills, social skills, motivation, and goal-setting.
Motivation Subdomain.....	self-direction in various activities and tasks which require concentration, attention, persistence and goal-setting.

RATING	DEGREE OF CAPABILITY OBSERVED
0	Little or no opportunity to observe.
1	No problem in this area. Readily engages in various activities and tasks with a minimum of encouragement by others. Interest level appears to be self-directed and maintained.
2	Slight problem in this area. General motivation is good, but some transient episodes of frustration and boredom are evident.
3	Occasional difficulties, wherein assistance and encouragement are often required.
4	Indications of considerable difficulty in motivation. Encouragement is frequently required to maintain activity level. Frustration, boredom, and distractibility are frequently evident.
5	Moderately severe problem. Use of reinforcement management procedures are continually required to maintain activity level. Little self-direction and goal-setting are apparent.
6	Motivation is severely restricted with constant assistance and external direction required.
7	Motivation is not evident. Frustration, boredom and distractibility evident despite the use of motivational management procedures.

COMMENTS & OBSERVATIONS:

AREA	CAPABILITY TARGETS
MOTOR (PHYSIO-MOTOR) DOMAIN	range of functional capabilities and physiological status in the areas of: gross-fine motor skills, general health, growth and maturation, and visual and auditory capabilities.
Vision Subdomain.....	visual skills with particular reference to any problems which may hinder performance on tasks requiring visual tracking, orientation, and eye-hand coordination skills.

RATING	DEGREE OF CAPABILITY OBSERVED
0	Little or no opportunity to observe.
1	No apparent or reported disability in this area.
2	Slight difficulty seems evident with no real effect on performance.
3	Some noticeable defect in vision, sufficient to hinder smooth performance in some visual-motor tasks.
4	Moderate visual difficulties, limiting performance in a number of tasks.
5	Moderately severe visual problems which significantly affect performance in many activities and necessitate frequent help and supervision.
6	Severe visual problems with functioning in all areas observably affected; help and supervision needed most of the time.
7	Extremely severe visual problems with functioning in all areas significantly affected and constant help and supervision required.

COMMENTS & OBSERVATIONS:

AREA	CAPABILITY TARGETS
MOTOR (PHYSIO-MOTOR) DOMAIN	range of functional capabilities and physiological status in the areas of: gross-fine motor skills, general health, growth and maturation, and visual and auditory capabilities.
Audition Subdomain.....	auditory capabilities with particular reference to any problems which may impair the ability to hear (receive) and act on verbally-presented information.

RATING	DEGREE OF CAPABILITY OBSERVED
0	Little or no opportunity to observe.
1	No apparent or reported disability.
2	Slight auditory difficulty seems evident, with no real effect on performance.
3	Some noticeable defect in hearing, sufficient to hinder smooth performance and communication in some situations.
4	Moderate auditory difficulties, limiting performance in a number of tasks.
5	Moderately severe auditory problems which significantly affect performance and communication in many activities and necessitate frequent help and supervision.
6	Severe visual problems with functioning and communication in all areas observably affected; help and supervision needed most of the time.
7	Extremely severe auditory problems, with functioning and communication in all areas significantly affected and constant help and supervision required.

COMMENTS & OBSERVATIONS:

AREA	CAPABILITY TARGETS
MOTOR (PHYSIO-MOTOR) DOMAIN	range of functional capabilities and physiological status in the areas of: gross-fine motor skills, general health, growth and maturation, and visual and auditory capabilities.
Visibility Subdomain.....	degree to which physical appearance significantly deviates from that of the physically normal child, and influences interactions with others.

RATING	DEGREE OF CAPABILITY OBSERVED
0	Little or no opportunity to observe.
1	No indication whatsoever of any deviance in physical appearance.
2	Slight indication of some minor deviance which is noticeable after observation to the trained specialist.
3	Several indications of some minor deviance which is immediately apparent to a trained specialist, but not to the layman.
4	Clear signs of relatively minor physical deviance usually apparent to the layman.
5	Clear indications of moderate deviance are readily apparent to the layman at all times.
6	Obvious and significant abnormality in physical appearance.
7	Striking and profound abnormalities in physical appearance.

COMMENTS & OBSERVATIONS:

AREA	CAPABILITY TARGETS
MOTOR (PHYSIO-MOTOR) DOMAIN	range of functional capabilities and physiological status in the areas of: gross-fine motor skills, general health, growth and maturation, and visual and auditory capabilities.

Health Subdomain.....

degree to which health problems are chronic enough to impair performance, to hinder attendance, and to require medical attention.

RATING	DEGREE OF CAPABILITY OBSERVED
0	Little or no opportunity to observe.
1	No significant health problems observed or reported.
2	Recurrent minor health problems are evident or reported but routine responsibilities are not affected.
3	Chronic health problems are evident which occasionally hinder performance.
4	Evidence of chronic, extended health problems which inhibit routine responsibilities and require constant medical attention.
5	Evidence of chronic health problems of major proportions which hinder routine responsibilities are require constant medical attention.
6	Health problems are of major proportion requiring home, outpatient medical care.
7	Health problems are of major proportion requiring frequent hospitalization and continual medical care.

COMMENTS & OBSERVATIONS:

AREA	CAPABILITY TARGETS
MOTOR (PHYSIO-MOTOR) DOMAIN	range of functional capabilities and physiological status in the areas of: gross-fine motor skills, general health, growth and maturation, and visual and auditory capabilities.
Gross Motor Subdomain.....	level of gross-motor skill development apparent in such activities as climbing stairs, running, jumping, balancing on one foot, and throwing and kicking balls.

RATING	DEGREE OF CAPABILITY OBSERVED
0	Little or no opportunity to observe.
1	No apparent or reported difficulty.
2	Some gross motor difficulties are evident but insufficient to warrant special help.
3	Some gross motor difficulties are evident in moving about but with help seldom needed.
4	Some gross motor difficulties are evident requiring occasional help in some activities and no real help in others.
5	Moderately severe gross motor restrictions necessitating help or direction more than half of the time.
6	Severe gross motor restriction necessitating help and direction most of the time, with only a few activities in which assistance is not required.
7	Extremely severe gross motor restrictions in locomotion, necessitating continual help and direction.

COMMENTS & OBSERVATIONS:

AREA	CAPABILITY TARGETS
MOTOR (PHYSIO-MOTOR) DOMAIN	range of functional capabilities and physiological status in the areas of: gross-fine motor skills, general health, growth and maturation, and visual and auditory capabilities.
Fine Motor Subdomain.....	level of fine motor skill development apparent in such activities as block stacking, peg-placement, formboard, performance drawing, and pellet-grasping tasks which require skills in eye-hand coordination and finger dexterity.

RATING	DEGREE OF CAPABILITY OBSERVED
0	Little or no opportunity to observe.
1	No apparent or reported difficulty.
2	Slight difficulty in coordination of fine motor skills but insufficient to warrant special attention.
3	Some coordination difficulties in fine motor skills with help seldom required.
4	Moderate coordination difficulties sufficient to require help in many activities.
5	Severe coordination problems, requiring help more than half the time while failing to complete most fine motor adaptive tasks.
6	Severe coordination problems that require help most of the time.
7	Extremely severe difficulties associated with nearly total lack of coordination in fine motor skills, necessitating constant help and supervision.

COMMENTS & OBSERVATIONS:

AREA	CAPABILITY TARGETS
MOTOR (PHYSIO-MOTOR) DOMAIN	range of functional capabilities and physiological status in the areas of: gross-fine motor skills, general health, growth and maturation, and visual and auditory capabilities.
Growth Subdomain.....	proportional body-growth rate in reference to that of the physically normal child.

RATING	DEGREE OF CAPABILITY OBSERVED
0	Little or no opportunity to observe.
1	No significant growth problems observed or reported.
2	Minor growth problems apparent to the trained worker but not to the layman.
3	Several indications of variations in proportional growth problems are readily apparent to the trained worker but not usually to the layman.
4	Clear but moderate growth problems, usually noticeable to the layman.
5	Obvious but moderate growth difficulties, readily apparent to all.
6	Severe growth difficulties, readily apparent to all.
7	Profound growth difficulties, obvious and of central concern.

COMMENTS & OBSERVATIONS:

AREA	CAPABILITY TARGETS
PROBLEM-SOLVING DOMAIN	range and level of cognitive skills and general academic readiness.
Intellectual Subdomain.....	cognitive skill acquisition involving discrimination, classification, sorting, matching samples, stating abstract rules, and reproducing sequences.

RATING	DEGREE OF CAPABILITY OBSERVED
0	Little or no opportunity to observe.
1	No problem in this area. Demonstrates completely appropriate behavior in such activities as classification, sorting, matching samples, reproducing sequences, understanding concepts and stating rules.
2	Generally appropriate in this area but fluctuations appearing in some skill areas.
3	Several areas of difficulty with specific age-appropriate intellectual skills. General skills are still more or less average.
4	Many areas of fluctuation in which intellectual skills are below age expectations, but most general intellectual skills are still probably average.
5	Below average, general intellectual functioning with wide variations in areas of competence.
6	Limited skills, considerably below age peers in all major areas of competence.
7	Profoundly deficient intellectual skills in all areas of competence.

COMMENTS & OBSERVATIONS:

AREA	CAPABILITY TARGETS
PROBLEM-SOLVING DOMAIN	range and level of cognitive skills and general academic readiness.
Academic Readiness Subdomain.....	acquisition of basic skills required in classroom learning situations with special reference to attention, listening, verbal communication, counting, object-labelling, drawing, and direction-following.

RATING	DEGREE OF CAPABILITY OBSERVED
0	Little or no opportunity to observe.
1	No problem in this area. Developing skills in using language, in counting, in solving problems, etc., give clear evidence of readiness for an academic environment.
2	Slight variations in preacademic skills, but general level of readiness is up to or beyond age-appropriate levels.
3	Several areas of difficulty are evident in which readiness is below age-expectations.
4	Many areas of difficulty. General readiness level is slightly depressed with wide fluctuations in specific skill areas.
5	Considerable lack of readiness is evident.
6	Severe lack of readiness is evident across all academic areas.
7	Profoundly deficient range of preacademic readiness skills.

COMMENTS & OBSERVATIONS:

AREA	CAPABILITY TARGETS
DEVELOPMENTAL SUMMARY DOMAIN	composite judgment of the developing child's range of functional capabilities in the areas of communication, motor, own-care, and problem-solving with reference to the normal child of the same age

RATING	DEGREE OF CAPABILITY OBSERVED
0	Little or no opportunity to observe.
1	No problem is apparent. Level of skill development in each domain is at or above age level.
2	Slight fluctuation in developmental skills. General level is still age-normal or above.
3	Several variations in developmental areas with slight delays in skill acquisition.
4	Wide fluctuations in development. Considerable delay is evident in one domain area.
5	Developmental delays are evident in at least two domain areas.
6	Severe delays are evident in development. General level is considerably delayed in most areas.
7	Extreme delays in development are apparent requiring extensive training and remediation. General development level is severely impaired.

COMMENTS & OBSERVATIONS: